CRIME RESEARCH INVESTIGATION AGENCY OF INDIA

Registered Under: Govt. of India Act (NGO / Trust / Organization)
Head Office: CRIAI HOUSE - 120/16 SATBARI, SWARN JAYANTI VIHAR ,KANPUR NAGAR, UTTAR PRADESH- 208011 INDIA
Email: info@criai.org **Website:** www.criai.org, www.criai.in,
Contact: +91 8800304800

MEMBERS REGISTRATION FORM

1. Personal Information

- Full Name: _____
- Father's/Mother's Name: _____
- Date of Birth: ____ / ____ / _____
- Gender: ☐ Male ☐ Female ☐ Other
- Blood Group: _____
- Marital Status: ☐ Single ☐ Married ☐ Other

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2. Contact Details

- Permanent Address: _____
  _____
- Correspondence Address (if different): _____
  _____
- Mobile Number: _____
- Whats App Number: _____
- Email ID: _____
- State: _____ District: _____ PIN: _____

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3. Educational Qualification

- Highest Qualification: _____
- Institution/University Name: _____
- Year of Passing: _____

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4. Professional / Employment Details (if applicable)

- Occupation: _____
- Organization Name: _____
- Designation: _____
- Work Experience (in years): _____

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5. Membership Details

- Type of Membership:
  ☐Member ☐ Life Member ☐ Annual Member ☐ Volunteer
- ☐ District Member ☐ State Member ☐ National Member
- Department Applied For:
  ☐ Anti Crime ☐ Anti Corruption ☐ Human Rights ☐ Legal ☐ Women Protection ☐ Research & Analysis
- Preferred Working Area: _____
- Have you ever been convicted by any court of law? ☐ Yes ☐ No
  (If yes, please provide details) _____

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6. Identification Details

- Aadhar Card Number: _____
- PAN Card Number: _____
- ID Proof Attached: ☐ Aadhar ☐ Voter ID ☐ Passport ☐ Driving License
- Recent Passport Size Photo (to be affixed)

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7. Declaration

I, _____, hereby declare that all the information given above is true to the best of my knowledge and belief. I agree to abide by the rules and regulations of the **Crime Research Investigation Agency of India (CRIAI)** and to uphold its mission for crime prevention, anti-corruption, and human rights protection.

Signature of Applicant: _____
Date: ____ / ____ / _____
Place: _____

FOR OFFICE USE ONLY

- Registration No.: _____
- Membership Type: _____
- Verified By: _____
- Signature of Approving Authority: _____
- Date of Approval: ____ / ____ / _____

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DONATION FORM

1. Donor's Personal Information

- Full Name: _____
- Father's / Mother's Name: _____
- Date of Birth: ____ / ____ / _____
- Gender: ☐ Male ☐ Female ☐ Other
- Occupation: _____

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2. Contact Details

- Residential Address: _____
  _____
- City: _____ State: _____ PIN: _____
- Mobile Number: _____
- Email ID: _____
- PAN Number (for donation receipt): _____

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3. Donation Details

- Donation Amount (INR): ₹ _____
- Payment Mode:
  ☐ Cash ☐ Cheque ☐ Bank Transfer ☐ UPI ☐ Online Payment

If Cheque / DD:

- Cheque / DD No.: _____ Date: ____ / ____ / _____
- Drawn on Bank: _____ Branch: _____

If Online Transfer / UPI:

- Transaction ID: _____
- Date of Transfer: ____ / ____ / _____

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4. Purpose of Donation (Please Tick Any One)
☐ Anti-Crime Projects
☐ Anti-Corruption Awareness
☐ Human Rights Protection
☐ Women & Child Safety
☐ Senior Citizen Support (Asha Kiran Project)
☐ Research & Training Programs
☐ General / Administrative Support
☐ Other (Please specify): _____

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5. Acknowledgement Preference
☐ I would like to receive a digital receipt via email.
☐ I would like a printed receipt by post.

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6. Declaration
I, _____, voluntarily contribute the above-mentioned amount to support the **Crime Research Investigation Agency of India (CRIAI)** in its mission to combat crime, promote human rights, and serve society.
I understand that this donation is made out of my free will and is non-refundable.

Signature of Donor: _____
Date: ____ / ____ / _____
Place: _____

FOR OFFICE USE ONLY

- Receipt No.: _____
- Date of Issue: ____ / ____ / _____
- Received By (Name & Designation): _____
- Signature: _____
- Official Seal: _____

□ Bank Account Details (for Online Donation)

CRIAI CRIME RESEARCH INVESTIGATION AGENCY OF INDIA FOUNDATION
Bank Name : YES BANK
A/C No. : 044588700000319
IFSC Code : YESB0001051
MICR Code : 208532003
Branch Code : 0001051
Branch Name : KIDWAI NAGAR KANPUR NAGAR (UTTAR PRADESH)

UPI ID: 8800304800@yespay

To
H R Officer
CRIME RESEARCH INVESTIGATION AGENCY OF INDIA
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POLICE VERIFICATION FORM

(For Joining / Membership Verification)

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1. Applicant's Personal Details

- Full Name (in block letters): _____
- Father's / Mother's / Spouse's Name: _____
- Date of Birth (DD/MM/YYYY): ____ / ____ / _____
- Gender: ☐ Male ☐ Female ☐ Other
- Blood Group: _____
- Nationality: _____
- Religion: _____

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2. Permanent Address

House No.: _____
Street / Locality: _____
Village / Town / City: _____
District: _____ State: _____
PIN Code: _____
Mobile No.: _____
Email ID: _____

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3. Present Address (if different from above)

House No.: _____
Street / Locality: _____
Village / Town / City: _____
District: _____ State: _____
PIN Code: _____
Mobile No.: _____

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4. Identification Details

- Aadhar Card No.: _____
- PAN Card No.: _____
- Voter ID / Driving Licence No.: _____
- Any Other Govt. ID (specify): _____

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5. Educational / Employment Details

- Highest Qualification: _____
- Occupation / Profession: _____
- Organization / Employer (if any): _____
- Designation: _____
- Experience (in years): _____

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6. CRIAI Joining Details

- Department Applied For:
  ☐ Anti Crime ☐ Anti Corruption ☐ Human Rights ☐ Women Protection ☐ Research & Analysis ☐ Legal
- Post / Designation Applied: _____
- Area of Work: _____

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7. Criminal Record Declaration

Have you ever been arrested, prosecuted, or convicted in any criminal case by any court of law?
☐ Yes ☐ No

If *Yes*, please give details:

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8. Verification by Local Police Station

(To be filled by the concerned Police Authority)

This is to certify that **Mr. / Ms. / Mrs. _____**, S/o / D/o / W/o **_____**, residing at **_____**, has been verified by this Police Station.

Upon verification of records, it is found that:
☐ No adverse information is available against the applicant.
☐ Adverse record / pending case details (if any): _____

Police Station Name: _____
District: _____ **State:** _____
Verified By (Name & Rank): _____
Signature of Officer: _____ **Seal:** _____
Date: ____ / ____ / _____

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9. Applicant's Declaration

I hereby declare that all the above details are true and correct to the best of my knowledge. I understand that if any information provided by me is found to be false or misleading, my membership / appointment with the **Crime Research Investigation Agency of India (CRIAI)** shall be cancelled.

Signature of Applicant: _____
Date: ____ / ____ / _____
Place: _____

Enclosures Required:
☑ Aadhar Card (Self-attested copy)
☑ Passport Size Photograph (2 Nos.)
☑ Proof of Address
☑ Educational Certificates
☑ Any Other ID Proof